## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/15/2010</u>	Address:	<u>15243 N. 30</u> 0 <u>W.</u>	
Case #:	53F22500		Covington, IN 47932	
County:	<u>Vermi</u> lli <u>on</u>			
Type of Laboratory Scizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel		
☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Outbuilding Vehicle	Open – No Structure Other:	
(check all (	Ind: Location (bedroom, kitchen, open) that apply) m/Ammonia Reaction(s): nosphorous/Iodine Reaction(s): nable Solvents: Outbuilding ractive Metal (Lithium): rous Ammonia: Outbuilding chloric Acid Gas Generator(s): ive Acid: ive Base: item and location):	_		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me	Investigative Information  Liphedrine/Pseudocphedrine Tracking Log  Retail/Merchant Tip  Other:	
	rt is to be faxed to the following age	encies that serve the lo	eation;	
	tment: Perrysville Volunteer F.D.		Fax: <u>765-793-3772</u> Fax: <u>765-832-36</u> 22	
Health Department: Vermillion Health Dept.		Fax: 765-8		
Child Prote	ection Service: <u>Vermillion CPS</u>			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempf/ 7922 Phone (765) 653-4114				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.